TREE CITY USA

Application for Recertification

Mail completed application with requested attachments to your state forester no later than December 31. The TREE CITY USA award is made in recognition of work completed by the city during the calendar year.

Please provide information for the year ending.

(Some states require information in addition to that requested on this application. Check with your state forester.)

As		of the city of		
	(Title – Mayor or other city official)			
I herewith make application for this community to be officially recertified the standards set forth by The National Arbor Day Foundation as noted by			, having ac (year)	, having achieved
Standard 1:	A Tree Board or Department List date of establishment of board, board memb	pers, and meeting dates for the past yea	r; or name of city department and manager.	
Standard 2:	A Community Tree Ordinance			
	Check one: Our ordinance as last submitted is unchanged and still in effect.			
	Our ordinance has been changed. The new version is attached.			
Standard 3:	A Community Forestry Program with an Anti- Total community forestry expenditures		\$	
	 Attach annual work plan outlining the work carried out during the past year. Attach breakdown of community forestry expenditures. 			
Standard 4:	An Arbor Day Observance and Proclamation Date observance was held	1		
	 Attach program of activities and/or news cove Attach Arbor Day proclamation. 	erage.		
Dlagga tyma g	Signature print the following:	Title		ate
Mayor or eq	-	City Forestry Conta	act	
-				
	p:			
NOTE: If your in National Art	community forestry work involves some new ideas or s oor Day Foundation publications. (Such additional mate	pecial projects please send photos, news sto	ries, brochures, or other documentation for possible	e inclusio
	(T.	Certification		
	(10)	Be Completed by the State Forester)		
and hav	ove named community has made formal applied concluded that, based on the information contraction the calendar year.	ontained herein, said community is	eligible to be recertified as a TREE CIT	Y
Signed_				
	St	ate Forester	Date	
	n State Forester's Office who should receive re	<u> </u>		
Title:		City, State, zip:		
Agency		Phone #:		